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# MENTAL HEALTH PRACTICE STUDY - 1968

PSYCHIATRIC NURSES ASSOCIATION
OF ALBERTA

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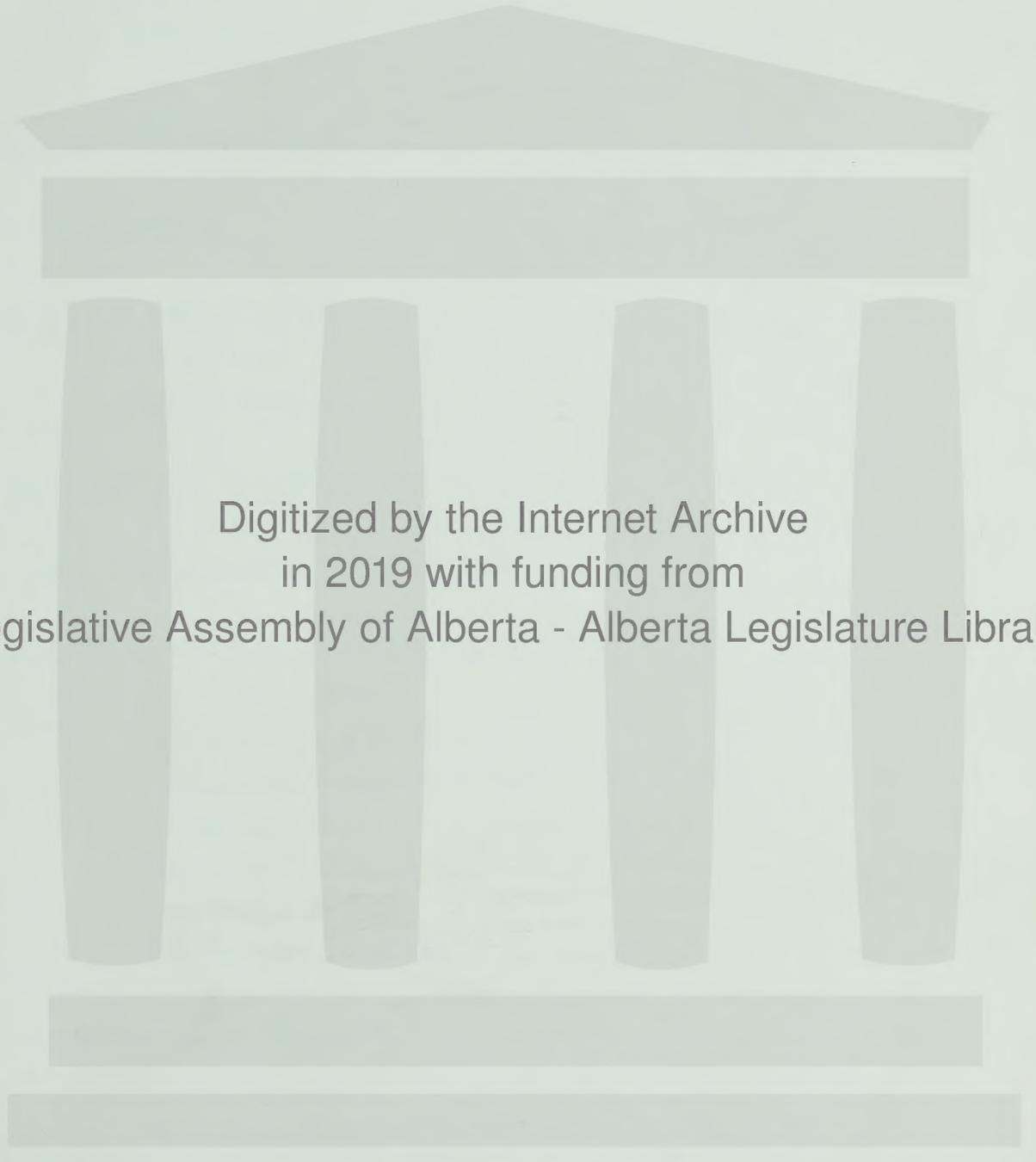

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**PSYCHIATRIC NURSES ASSOCIATION OF ALBERTA**

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## NATURE OF STUDY BRIEF

*The preparation of this brief by the Psychiatric Nurses Association of Alberta was undertaken for submission to W.R.N. Blair, Ph.D., in accordance with his appointment by the Government of Alberta to conduct a full scale study of mental health in the Province.*

*The information presented in this brief represents attitudes and corresponding factors that the Psychiatric Nurses Association of Alberta feels affect the successful practice of Psychiatric Nursing in this province.*

*The members of the Psychiatric Nurses Association of Alberta wish at this point to express their appreciation for Dr. Blair's request of our submission.*

*Presented by the*

*Psychiatric Nurses Association of Alberta*
*1968*

# INTRODUCTION

## INTRODUCTION

While the problem of care for the mentally ill is international, the problems in the Province of Alberta are primarily based on the factors that there are too many patients for existing facilities and too few trained staff to administer effective treatment. The public attitude towards mental health in the province is basically similar to other areas, throughout Canada and the rest of the World.

The "Royal Commission on Health Services", 1964, and the study of Psychiatric Services in Canada entitled "More for the Mind", 1963, have emphasized the point that the mentally ill patient does not receive care comparative to that provided for the physically ill.

The great need for a plan of action to develop and stimulate effective psychiatric and mental health services in Alberta is acknowledged by the Psychiatric Nurses Association of Alberta accepting the responsibility of illuminating both the needs of the patients, who by the very nature of their illness, cannot make themselves heard, and the needs of the Nursing Profession, for providing adequate care.

Throughout the history of mental health treatment, there has always been a great need for a special kind of nursing care. This care is unique in that the nurse requires special skills and knowledge much different than those required for treatment of the physically ill. To answer this need, in-service training was developed to teach the largely untrained hospital staff caring for patients in mental hospitals. The first formal class in Alberta began in 1930. The current concept of the Psychiatric

Nurse is largely the result of these efforts.

Today, this unique kind of nurse, although she came into being to answer a need, is still unable to provide those entrusted to her care with the kind of attention the patients require. In 1968, psychiatric nurses are generally an unhappy and dissatisfied group, due to various factors hindering the proper practice of their profession.

On completion of the Alberta Psychiatric Nurses' three year basic course, they take a pledge to give their whole-hearted service to their patients. At present, the existing facilities and services do not allow them to fulfill their promised role. On the primary basis of making the "Psychiatric Nurses'Pledge", a meaningful promise for the nurses and a realistic obligation to the patient, the Psychiatric Nurses Association of Alberta is taking this opportunity to meet their responsibility to fulfill the nurses' pledge and make the public and practioners aware of the need for upgrading mental health services and facilities in the Province of Alberta.

# BASIS OF DEDUCTIONS

## BASIS OF DEDUCTIONS

### A. Library Data:

Of the many documented studies, reports and briefs available, the ones used for the preparation of this brief were:

1. "The Royal Commission on Health Services", Volume 1 - 1964.

2. "The Nurse in Mental Health Services", World Health Orgainization Technical Conference Report, 1963.

3. "More for the Mind", the Canadian Mental Health Association, 1963.

4. "The Role and Function of the Psychiatric Hospital", Brief submitted to G. H. Ball by Howard Clifford, Teresa Davis, and Rachell Young, 1966.

5. "Nursing Education Survey Committee", Dr. Scarlett, presented May, 1963.

### B. Original Research:

A recent extensive survey conducted by the Provincial Council of the Psychiatric Nurses Association of Alberta among the more than 450 nursing personnel caring for the mentally ill in the province.

Briefs were submitted to the Council from various treatment centers throughout the province and these form the backbone of this brief. Most of the statements and positions in this material are through documentation, however, where points seemed important, they were included whether previously supported or not.

# CONCLUSIONS

— and —

# RECOMMENDATIONS

## CONCLUSIONS

Mental hospitals in Alberta are remote, isolated and far too large to provide optimum care for the mentally ill. They lack a well-defined screening policy. The care of most patients tends to be custodial in nature because of the lack of proper facilities and adequately qualified personnel, to provide a Therapeutic Program. Pre and post hospitalization programs should be introduced to alleviate strain on current facilities and staff.

Understanding the mentally ill patient's individual emotional and physical needs is seriously hampered in the large mental hospitals because each ward is populated with people of varying kinds and degrees of illness.

The psychiatric nurse in Alberta, can only develop pride and skill in her special field of nursing, if the socio-cultural attitudes toward the mentally ill and the nurses' contributions to their care are changed. The poor public image of the nurse is partially attributable to poor public information programs, but mainly due to the lack of trained leaders and management, the lack of progressive education programs at the post graduate and university level, plus the lack of financial assistance for post graduate training.

These negative characteristics are hindering recruitment of new people coming into the field and qualified people are leaving, thus the patient cannot be assured of adequate care. If better programs and working conditions are not soon provided, patients confined to mental

hospitals may soon suffer the same neglect they did thirty years ago.

While the nurse pledges to "RESPECT THE RIGHTS AND PRIVILEGES OF HER PATIENTS, AND ALLEVIATE HIS PHYSICAL AND PSYCHOLOGICAL DISCOMFORTS", she finds it impossible to do so while working in a large mental hospital. Her need for tangible recognition for her services is not being met. Surrounded by dissatisfied co-workers and evidence of deficiencies, she often seeks greater job satisfaction elsewhere.

## RECOMMENDATIONS

The Psychiatric Nurses Association of Alberta recommends:

- Greater efforts be made at the high school level to encourage promising students to enter the psychiatric nursing profession.
- That basic education programs for psychiatric nurses be standardized and left open-ended to allow the student to continue her education at a post graduate level.
- That new educational programs, both basic and at the university and graduate school level be developed and specifically designed to meet the needs of students working in the mental health field.
- That psychiatric nursing personnel be given more recognition for their services by improving their working conditions and a salary scale in line with other comparable professions.
- Facilities be developed so that a mentally ill patient can be admitted to an area within the hospital that is designed to meet his needs.
- That the number of auxiliary personnel be increased, thereby decreasing the nurses' non-nursing duties.
- That the criterion for determining the number of nursing personnel, be examined and brought into line with current needs.
- That large mental hospitals be phased out and replaced with smaller regional hospitals of not more than 300 beds. More general hospitals develop facilities to care for psychiatric patients, and pre/post programs and facilities be introduced.
- That steps be taken to establish more effective intra-hospital communications.
- That male and female patients be integrated on the ward and cared for by male and female members of the nursing profession.
- That a well-defined screening policy be developed so that psychiatric beds are occupied by functional, disordered patients. Separate facilities be developed for care of the aged, the addicted and the emotionally disturbed adolescent.
- Present facilities for Occupational Therapy, Recreational Therapy and Educational programs be expanded and staffed by qualified personnel.
- That financial assistance in the form of bursaries or grants be made available for continuing education.

# THE

# PSYCHIATRIC NURSES'

# PLEDGE

## THE PSYCHIATRIC NURSES' PLEDGE

"I DO HEREBY PLEDGE my wholehearted service to those entrusted to my care....endeavouring at all times to understand the patient's individual emotional and physical needs and differences....to that end, I will strive for skill in the fullfilment of my duty, holding sacred and inviolate all confidences entrusted to me.

I PROMISE to respect the personal rights and privileges of my patient, and to do all in my power to prevent or alleviate physical or psychological discomfort.

I WILL always be kind, tolerant and just....I will endeavour to cultivate a keen sense of observation and an understanding attitude.

I ACKNOWLEDGE the dignity of my profession and accept the obligation it implies....I will faithfully perform my duties, and will give the utmost in co-operation to those persons with whom I associate in ministering to the mentally ill.

"ALL OF WHICH I PLEDGE ON MY SACRED HONOR."

# THE ROLE OF
# THE PSYCHIATRIC NURSE
# IN
# ALBERTA

## THE ROLE OF THE PSYCHIATRIC NURSE IN ALBERTA

No matter where she works in the Mental Health field, the psychiatric nurse is required to carry out duties which are fundamentally the same. In defining or predicting the role she plays, an understanding of the effects of changes in community attitudes and the development of new friends and trends in psychiatric practice, must be considered. The psychiatric nurse in Alberta is striving for the transition from "Custodial" to "Therapeutic" patient care.

This transition must be considered essential for several reasons. The public image of a psychiatric nurse's duties is often confused and inaccurate. For the sake of recruitment of suitable candidates to the profession, the public must be enlightened and the most logical direction is through the medium of the nurse already practicing mental health, but the main obstacle here lies in the fact that the nurse's image of her own role is itself blurred. To practice mental health successfully, the psychiatric nurse must be completely aware of her position and the definition of her work. Unfortunately, this is not the case in Alberta. Work satisfaction is generally acknowledged to result from the worker's ability to evaluate her own contribution, not only in the light of the contribution of others, but also in the light of the ideal contribution. No agreement in Alberta has ever been reached on what should compromise the "Ideal" role, and the psychiatric nurse is therefore, deprived of a usual tool of self evaluation, the yard stick against which she is able to measure herself, without her morale being endangered.

The preparation of this brief is particularly relevant at a time when great stress is being laid on the "Team Approach" to therapy, for some of the prerequisites of effective team work are that each ~~number~~ member shall appreciate where her own responsibilities lie; that she shall recognize at which point her activities are most likely to impinge on those of her colleagues, and be familiar with the principles which in these circumstances should determine her behavior; and finally that she shall be aware of the interdependence of the team members and of the importance of the integration of their individual contributions.

Today, research workers from many countries have pointed out that the needs of patients with psychiatric disorders are at present inadequately met. Until the psychiatric nurse's rightful function is defined and utilized, it is impossible to prepare her adequately to fulfill that function; unless she is adequately prepared, the chances of improving nursing care are negligible.

Psychiatric nurses in modern mental health practice must be thought of as functioning in three main areas:

1. Psychiatric Institutional setting
2. General Hospital setting
3. The extramural health services.

Her role must vary, first of all, according to her position in the team and to her level of competence, which is related to the type of nursing preparation that she has received; at an advanced, basic and auxiliary level. Unfortunately, today, psychiatric nursing training is only available in Alberta at the basic level.

The nurse's role must also vary according to where she is employed, and in consequence of these two factors, the skills demanded may vary quantitatively, if not qualitatively; it is for example, reasonable to expect that the nurse who works in geriatric wards of the mental hospital must be called upon more frequently to exercise her physical nursing skill than her colleague whose patients require more recreational therapy. Nevertheless, the second nurse must be able to recognize physical illness when she meets it and must also be able to cope with any emergency such as sudden hemorrhage. Conversely, the nurse when engaged in recreational therapy, must utilize great powers of persuasion and much tact to induce team co-operation. The nurse caring for geriatric patients, however, requires the same type of skill, but to a lesser degree, to persuade one individual to co-operate.

Basically, there are seven main types of skill making up the role of the psychiatric nurse. They are:

1. Basic Nursing Skills
2. Technical Nursing Skills
3. Occupational and Recreational Skills
4. Organizational Skills
5. Interpersonal Skills
6. Observational Skills
7. Skills of Communication with Patients and Co-workers

The first three types of skills are more easily demonstrable, and therefore, are more easily taught than the remainder, yet the last four, which tend to occur at a more intuitive level, are considered of extreme importance and in differing degrees essential to each grade of nursing personnel.

## BASIC NURSING SKILLS

"Basic Nursing" refers to all nurse's duties which are associated with meeting the needs common to all patients. "Making the patient generally comfortable" illustrates the concept in caring for the patient in regard to such matters as personal hygiene, movement, breathing, avoiding dangers, sleeping, etc. Included in this concept are certain technical skills such as the administration of drugs and the application of fresh dressings to alleviate mental or physical discomfort.

## TECHNICAL NURSING SKILLS

These, as required by the nurse in mental health practice include activities that are determined by her particular sphere of activity. She may, for example, be primarily concerned with the care of the physically sick in which case, she will need to know how to record temperatures, pulse and respiration rates, give injections, prepare instruments for diagnostic procedures and indeed even to assist with some surgical operations. Other aspects include the physical aspects of psychiatric treatment such as assisting with electro-convulsive therapy, or insulin treatment.

The various types of technical skills required by the nurse in mental health emphasizes the artificiality of the divisions between technical and occupational/recreational skills, and between technical and interpersonal skills.

## OCCUPATIONAL/RECREATIONAL SKILLS

Occupational and recreational skills are classified together because these are areas in which the psychiatric nurse should either be fully responsible, or, in some situations, be working in conjunction with a different discipline.

Possession of occupational skills require a knowledge of and an ability to carry out with the patient, some of the non-medical treatments which demand a considerable degree of manual dexterity, such as typewriting, weaving, carpentry, etc. These should be carried out with the patient in an atmosphere conducive to detecting, guiding and developing the patient's own skills. It is not implied that every nurse must possess every skill, however, knowledge of these are useful to the nurse as a vehicle to convey acceptance of the patient's present manner of behavior; for understanding of his problems and his needs, for encouragement of the patient and her support in times of crisis....in short, to convey her "Therapeutic Attitude".

Recreational therapy may not be solely the nurse's responsibility. Once again, it is a useful medium for transmitting her therapeutic attitude through the opportunities afforded by indoor and outdoor sports and the activities of societies and hobby clubs.

## ORGANIZATIONAL SKILLS

Organizational skills refer to the type of planning ability which insures smooth running of the ward, accomplishes routine chores,

and creates the type of atmosphere conducive to the patient's recovery.

There is an increasing tendency for the nurse to be responsible in a psychiatric hospital, not so much for just the exercise or feeding and arrangements of all patients, but rather for the overall care of a smaller group. One of the important parts of the nurse's function, therefore, is to determine, with the help of a psychiatrist and as a result of her detailed, but unobtrusive observations of each patient in her care, what constitutes a meaningful activity. Through adequate organizational skills, her duties are approached in a more controlled and objective fashion.

Finally, the nurse's organizational skills are brought into play during her contacts with other members of the team, particularly in her role of liaison officer.

## INTERPERSONAL SKILLS

In addition to technical efficiency, the nurse in mental health practice must also possess a warm responsive personality, and it is stressed that these two qualities should not be regarded as mutually exclusive. The nurse is constantly and perpetually interacting with the patient, as well as with other members of the team. Her responses to the patient are controlled and therapeutically oriented. Besides having a knowledge to administer a drug or pill, the qualified professional nurse must demonstrate her interpersonal skills by first of all persuading the patient to swallow the pill. In this way, she helps to avoid the unnecessary pain and possible risk as well as the psychological trauma which might result from an injection. Her

familiarity with the patient's reaction and sensitivity to his needs enables her to encourage him to expect recovery by explaining in simple terms the action of the drug and recounting genuine success stories. Unless the nurse is able to offer this type of support, she is depriving him of much value which might have been extracted from both the drug itself and its administration.

A further positive way in which the nurse uses her interpersonal skills is improving patients' relationships with each other as well as with the mental health team. She intervenes tactfully in the quarrels of patients, encourages them to work together harmoniously, and supports the pathologically shy in their first attempt to mix with the opposite sex. Sometimes, she may also act as a bridge between patient and doctor.

The interpersonal skills are employed constantly in conjunction with one or more of the other types, i.e. Technical Nursing Skills. This is usually far more difficult, not only to teach, but also to practice, and thus practical success and special training in this field indicates a possible demarcation line between the responsibilities of the qualified professional nurse and those of the less skilled personnel.

## OBSERVATIONAL SKILLS

Observational skills are exceedingly important for both the physical and psychological aspects of nursing care. Before the nurse can be expected to detect the abnormal in either sphere, she must possess a sound knowledge of what constitutes the "Normal", both with regard to the population in general, and with regard to any one patient in particular. The nurse must

exercise her observational skills to recognize clues to the state of the patient's mental health which are provided by his verbal and non-verbal attitudes, beliefs and fears. The major value of the observations lie in their availability for use in assessing the patient's progress and for determining the next stage of treatment.

## COMMUNICATION SKILLS

There are basically two types of special communication talents required by the psychiatric nurse. The first is the nurse-patient communication relationship. The patient communicates with the nurse by means of words, looks, posture and so on, consciously or unconsciously. Therefore, the nurse in mental health must herself be able to communicate in a variety of ways and possess skills of observation and the ability to recognize significant behavior, for on her ability in this sphere hinges much of the success of the therapy.

Written communications between the nurse and patient are presently comparatively rare, but as a result of the nurse's increasing responsibility for extramural work it is probable that soon she may have more reason than formally to communicate by letter. The "Community Mental Health Nurse" may wish to arrange to visit the patient for the first time after his discharge from hospital. In these circumstances her personal approach, her choice of phrase, her use of certain words, may all be scrutinized and analyzed carefully as the patient attempts to build up some image of the writer. The nurse thus must have a sufficient command of language to convey her

meaning precisely as this communication may well affect the conduct of the interview.

Whether working in a hospital or in the outside community, the nurse is often called upon to explain to the patient and to the relatives ... sometimes even to the patient's employer ... the rational of any specific illness, and this too will presuppose both technical knowledge and the ability to verbalize.

A mere facility with words does not comprise adequate communication. Non-verbal skills and the conscious use of the nurse's own personality and sensitivity contribute to the successful establishment of rapport and treatment for the patient.

## NURSE/TEAM COMMUNICATION

The nurse's communication with the team may also occur at the same three levels - written, verbal and non-verbal, in a two way process just as with the nurse-patient communication. The qualified professional nurse must have access to the case files of her patients as she herself, with the rest of the nursing team, should, through her own contribution to the notes and through her written ward reports be helping to paint a realistic portrait of the patient.

Verbal communication is usually easiest between peers, but as the studies show, even qualified professional nurses in mental health practice may not be the equal of the psychiatrist, either educationally or socially, and this may prove a serious inhibiting factor. In circumstances such as

these, there is a need for special care in the use of the more subtle methods of communication, such as voice inflection and innuendo, for cultural differences may be so great that the entire significance of a phrase may be overlooked or misinterpreted.

Opportunities for verbal communication may occur either formally or informally, the modern trend being towards less hierarchical ward organization, resulting in more relaxed and frequent multi-disciplinary discussion. The nurse must be capable of participating freely, secure in the knowledge of what at any one time may comprise her role, and confident of her ability to meet the professional demands made upon her.

The most significant use of communication between members of the mental health team is to maintain good morale, and encourage group cohesion. Although the psychiatrist must always be the team leader, in regard to directing therapy, it will, as a result of her intimate contact with the patient, frequently fall to the qualified professional nurse to co-ordinate and balance the contributions of each of the other disciplines. It is here that her non-verbal skills may prove extremely useful, allowing her to convey her understanding or support of a suggestion without dominating the discussion.

## SIGNIFICANCE OF THE DIFFERENT TYPE OF SKILLS

The preceding material is a surface attempt to survey in a general manner, the role of the nurse in mental health practice and to indicate the type of skills she may need to possess. Before proceeding to a more specific examination of the fields in which she may be employed, it is, how-

ever, necessary that two points should be particularly stressed. Firstly, for the sake of convenience, reference must be made to the role of the nurse; in fact, she has many to fulfill, e.g. listener, educator, technical assistant, co-ordinator, depending on the people with whom she is dealing at any one time and her own degree of professional skill. It is therefore essential that if she is to function effectively, she must be sufficiently flexible to assume each role as circumstances dictate.

Secondly, it is worthwhile reiterating that what is demanded of a psychiatric nurse is not merely the possession of a variety of skills for their own sake, but rather that she should use them in a more sophisticated way, i.e. with an awareness of their deeper significance for both patient and nurse, and for their mutual relationship.

When considering the provision of any type of nursing care, it is appropriate that one should first of all recognize the significance of the patient as the corner stone, and then to proceed to examine the rest of the structure.

The description of the tools which the nurse may employ in therapy serves to focus attention on the patient. The role that the psychiatric nurse plays in mental care in Alberta requires much re-examination on the basis that the patient care will be inadequate if the role of the nurse is inefficient. The nurse is called upon to work, including the wards and out-patient clinics of the psychiatric hospital itself, day hospitals and day centres, night hospitals, family care units, and so on. Additional services that should be considered include child guidance clinics, half-way houses and rehabilitation

centres. Irrespective of the administrative attachments of the major hospital, each mentioned organization presents a new type of challenge to the modern nurse.

## THE PSYCHIATRIC HOSPITAL

While the role of the psychiatric hospital needs rephasing, it is still the major concept in Alberta, and in the past the degree of success in running a ward was thought to be in direct relation to the degree to which the patients could be included to conform to a preconceived and rigidly determined pattern. The modern trend must be to emphasize much more the value of a permissive atmosphere which allows individual expressions of disorder to become overt, and thus more easily treated.

Even in regard to restraint, which in the modern psychiatric practice is more often chemical than physical, the reaction of the individual patients must be carefully noted so that changes in treatment may be made as necessary. The ability to recognize and utilize the therapeutic potential of a specific situation for a specific patient must be considered as one of the foremost attributes of the effective psychiatric nurse, representing yet another "Individual-Oriented" approach. The old fashioned conventional relation between doctor and nurse, which the subservience of the latter was the principal feature, must now be changed to develop a new type of relationship in which each possesses a genuine respect for specialist skills of the other, but is aware at the same time of the complementary nature of the two roles. Thus, the multi-disciplinary team must modify the traditional hierarchy of

the psychiatric hospital. When the nurse is accepted in this way as a member of the mental health team, her increasing responsibilities include the relationship of her personal treatment to the patient and her relationship to the functioning of her colleagues by virtue of her unique and stable position on the ward as a "liaison officer" both between the patient and the team as a whole.

# PROBLEM

# BACKGROUNDS

## PUBLIC ATTITUDES – ALBERTA

Attitude factors concerning mental illness and its treatment parallel social attitudes. The "Ghetto" attitude has prevailed in Alberta far too long. Large, self-sustaining communities of the mentally ill exist on the outskirts of our towns. The geographical location of these hospitals presents many problems, not the least of which is transportation difficulties for the patient, his relatives and the staff.

The community's attitude toward mental illness is reflected in the segregation of the mentally ill in hospitals separated from the community by physical distance and locked doors. It is further reflected by the number of long term in-patients in the hospitals. Although many of these patients could function in the community, if there were adequate facilities to help them make the transition from institutionalized living to community living, the lack of these facilities reflects the reluctance of the public to accept and take these patients back into the fold.

The low number of people working in the mental hospitals and the lack of recognition given the psychiatric nurse outside of the hospital is evidence of the community's attitude toward those caring for the mentally ill.

Lack of standardized open-end basic educational programs and the subsequent lack of recognition of the psychiatric nurse outside of the mental hospital, act as serious detriments to attracting people to this field.

Advertising efforts must be made to attract people to this field. In the past, these methods have shown a marked effect on the number

of people applying for employment for student or graduate nursing positions.

The thinly disguised stigma attached to mental illness and to those caring for them is seen by the psychiatric nurse as the greatest barrier between herself and her patient.

Due to the current public attitudes and educational development programs, it is extremely difficult for the nurse to: "acknowledge the dignity of my profession".

## PSYCHIATRIC NURSING ATTITUDES – ALBERTA

The area where the nurse practices her skills is often referred to as the physical laboratory. The physical laboratory of the psychiatric nurse is much too large and over-crowded. This not only applies to the hospital as a whole, but to each ward within the hospital. Because of the number of patients in each ward, the nurse finds that time and duties do not permit her to concentrate on the individual differences and needs of her patients.

If a person develops a physical illness that requires hospitalization, he will be assigned to an area in the hospital where there are adequate special facilities to care for him. His treatment program will be under the supervision and guidance of qualified personnel. All aspects of his nursing care will be geared to restoring his body so that he can again function in the community. If, however, a person develops a mental illness that requires hospitalization in mental institute, he will be assigned to an area where there is a bed for him. His treatment program may or may not

be under the supervision of qualified personnel. Even where qualified personnel are available, the range and variety of illnesses are such that it is impossible to meet the needs of individual patients.

A study of factors contributing to the job satisfaction of the nursing group within the mental hospitals would do much in contributing to retaining prepared staff.

Working conditions and salaries are of great concern to the Psychiatric Nurses Association of Alberta, in terms of job dissatisfaction.

**A. Low Nurse Patient Ratio.** The recommended ratio is one nurse to five patients. Under these circumstances, the nurse could carry out her assigned duties efficiently. In actuality, the nurse-patient ratios in Alberta are as low as one to nine, but frequently it ranges around one to twenty.

Performance of non-nursing duties is a condition of employment. Clerical work, housekeeping duties and porter services take up more than 1/3 of the nurse's time in Alberta Mental Hospitals.

**B. Extra Duties Hindering.** The physical and social structure, leadership and other characteristics of the hospital affect the role of the nurse. Responsibilities must be carried out differently, depending upon the proportions of staff to patients. Another important characteristic of the hospital which determines the role of the nurse is the type of other personnel employed, e.g. where there are no domestic workers, more is expected of the nurse in domestic duties. Domestic activities, which are frequently the responsibility of the nurse, should be carried out by less skilled persons, not only for

economic reasons, but because of the problems they impose on the nurse in terms of available time for therapeutic activities with patients.

Today the nurse is an integral part of the therapeutic program. The nurses should be free to use all their training as skillfully as the staff-patient ratio and other factors permit.

In recent years, there has been a considerable expansion and understanding of the benefit of group factors in the therapeutic program. Recognition of the importance and manageability of group factors in the patient's living permits much to be done even in fairly unfavorable circumstances. This can greatly enhance the effectiveness of the hospital program in all types of hospitals.

The most effective use of group activities, usually implies a recognition of, and respect for, the individual patient. Recognition implies knowing something about what factors are unique in each and remembering what they say. Respect implies the easy ability to see each patient as a person, to take him seriously into account rather than merely to tolerate him, and manipulate him. If the nurse has sufficient time, the patient can find a person who offers him some security against ostracism, either complete ostracism, or the common and more subtle form, that the patient is not considered by his fellows as quite fully human.

Thus, the nurse is needed, because it is wise to talk to patients even when they do not answer conventionally, or do not even answer at all. Thus, the nurse must learn how to work with the patient in encouraging, helping and planning activities which may be most beneficial.

A patient entering the hospital has had a severe difficulty in living with others. He needs acceptance, close observation, and systematic study to establish what is wrong. The diagnosis may be physical, or social, or may be a blend of causes. Whatever the cause, because of the time spent with the patient, the nurse must be a crucial part of the treatment team in observation, reporting, and establishment of a contact with reality for the patient.

As mentioned previously, the three aspects of the nurse's work can be distinguished as Technical, Social and Interpersonal.

The first aspect - the Technical, is the establishment of procedures which, as mentioned previously, will help to give the patient a feeling of security and make him at least comfortable. These routines require serving of meals, administration of medications, and arranging for a personal need of the patient: bath, clothing, etc.

The second aspect - the Social, includes overall planning and participation in a wide variety of activities for the patient at all stages of illness and recovery, giving him opportunity for him to work, and for recreation and leisure.

The third aspect - the Interpersonal, becomes of central importance; in fact, it is the essential part of his task. Interpersonal relations occur during all phases of the patient's life in the hospital, from the most usual events to the most complex, such as participation in the planning of his living.

None of the above can be dealt with adequately if the nurse

is involved in clerical and domestic duties to the exclusion of the patient, thus under current conditions in Alberta, the psychiatric nurse must work inefficiently.

Through extensive overcrowding, the psychiatric nurse while trying to "respect the personal rights and privileges of my patients" finds she must deny them.

Because of the lack of staff, both nursing and domestic, the psychiatric nurse's time does not allow her to fullfil her pledge to: "understand the patient's individual emotional and physical needs and differences", nor can she "do all in my power to prevent or alleviate physical or psychological discomfort".

## TREATMENT CHARACTERISTICS

### OVERCROWDING

In 1962 the Department of National Health and Welfare considered the existing Canadian Mental Hospitals obsolete. The Royal Commission on Health Services, Section 2, Subsections 13 to 20, deal with recommended changes at some length.

The two major hospitals in Alberta were constructed around the turn of the century and although there have been some additions, these facilities are no longer adequate. For example, the last new building at the Alberta Hospital in Edmonton was opened in 1956 with a bed capacity of 104. Fifty-two beds were designated for male patients and fifty-two for female

patients. The present rate of occupancy in the male ward is 85. This is a 149% utilization of the available space. In some of the older wards, the rate is as high as 170%. Under these conditions, even the most dedicated nurse cannot give her patient whole-hearted services.

The United Nations study on mental health and the Canadian study, "More for the Mind", as well as the Royal Commission on Health Services have reiterated what professional opinion has suggested for more than a century: that no mental hospital should have a capacity for more than 300 beds.

In Alberta, the major hospitals are each caring for 1,500 patients, often in buildings that are obsolete and inadequate even by minimum health standards. Examples of inadequate facilities include buildings where there are only two bathtubs for 56 patients ... four showers for 84 male patients ... and lounge facilities that double as dining rooms. Through extensive overcrowding, the psychiatric nurse cannot possibly: "Respect the personal rights and privileges of my patients".

## SCREENING POLICIES

A lack of well-defined screening policies regarding the admission of patients has resulted in the occupancy of active treatment psychiatric beds by the aged, the physically ill and the transient group of non-mentally ill patients with situational problems.

Statistics for the five year period from 1960 - 1964 reveal that:

1. Active treatment psychiatric beds are being increasingly occupied by those patients with organic illness -- particularly those associated with aging. 29% of all first admissions were diagnosed as having organic psychosis. During the period from 1960 - 1964 this group increased from 16% to 27% of the hospital population. In 1955 they comprised only 10% of the hospital population. On December 20th, 1965, patients over 65 made up 26% of the total patient population.

2. The mobility of patients in 1964 was the highest in history:
   -- first admissions had doubled
   -- readmissions had tripled
   -- total separations approximately equalled all admissions
   -- transfers in had remained fairly constant while transfers out had quadrupled
   -- discharges and deaths had more than doubled.

3. Behavior disorders (including alcoholism, which has tripled) from a transient population with high mobility. Although they only average approximately 6% of the total patient population they average 27% of all first admissions.

4. Functional psychosis account for approximately 63% of the in-patient population. As the majority of nursing personnel are required to care for the physically ill, the aged, and the transient behavior group, only minimal care is provided for patients with a functional psychosis, except during the acute phase of illness.

Within a broad provincial plan, the present hospital population could be crystallized to that group of patients who require care for major mental illnesses in the acute stage or, in the case of more prolonged illness, those with a prospect of recovery or improvement. Implicit in such a plan would be a screening and referral process which would provide the individual with an appropriate care or treatment service matched to his specific illness or problem.

## THERAPY

With the introduction of pharmacological agents in the form of tranquilizers and anti-depressants in recent years, the nurse is able to restore the patient to a calmer state of mind and render him more accessible to other therapies through his increased ability to relate to others. The nurse is not able to fully capitalize on this potential, however, because of the lack of qualified staff in the following recognized programs of therapy.

Occupational therapy - under the supervision and guidance an adequate number of trained personnel, serves as an outlet for emotions and provides an opportunity for the mental patient to achieve.

Recreational therapy provides the patient with the needed diversion and teaches the value of a well balanced daily routine of work and play. Social interaction, the ability to get along with others, is the key concept of this therapy.

Educational programs have been interrupted for many of the younger patients. Patients with more initiative may work toward completing

their education by taking correspondence lessons. However, they lack the proper classroom facilities and guidance of a qualified instructor. Rehabilitation of the patient to the competitive world would often be facilitated if he had the opportunity to go to school in a properly furnished classroom with appropriate audio/visual aids and a qualified instructor to guide him.

PRE AND POST HOSPITALIZATION PROGRAMMES are needed to facilitate patient rehabilitation.

In 1964, 66% of the discharged patients were hospitalized for a period of three months or less. However, only 58% of the total patients discharged during 1964 were rated as recovered by medical staff. The remaining 42% of patients discharged in 1964 were rated as unchanged or improved. All these patients, and especially those rated as unchanged or improved, required a type of after care that current staff and funds do not provide.

## PRE–ADMISSION PROGRAMS

*Emergency Treatment Centre:*

Florida has set up a telephone answering service to be utilized by individuals requesting aid. There is a psychiatric team available day or night to respond to such requests. They have found that the majority of the requests can be handled in the community rather than necessitating hospitalization.

Other areas have home treatment programs where the psychiatric team visits the patient in his home.

Findings suggest that even many psychotic conditions can be effectively dealt with right in the home.

Both of these programs involve more than referral; they both provide active treatment measures.

## TREATMENT OF A SEMI–RESIDENTIAL NATURE

There are numerous patients who do not require 24 hour a day hospitalization. Suggested programs for these patients are:

*Day Hospitals:*

Many patients can be treated in the daytime and return to their families for the evening. This minimizes the uprooting of social roles as well as frees hospital beds.

*Night Hospitals:*

Many patients are reluctant to give up their employment in order to receive psychiatric treatment. This is particularly true for those who hold labouring or non-union jobs which often involve termination for treatment, because leave of absence is not available. Financial considerations, as well as difficulty in relocating themselves in the employment market, are major obstacles to receive treatment. Evening treatment would not greatly interfere with various commitments in the daytime.

Evening hospitals can also serve to gradually ease patients from the hospital to the community.

*Rehabilitative Programs:*

Following treatment in an intensive treatment psychiatric center (which is seen as only one sequence in an overall program) good after

care programs need to be available.

*Foster Home Programes:*

Many patients remain in hospital because they have no families who are in a position to accept them and many others, who have become institutionalized, require the protective environment of a warm foster home.

Unfortunately, no additional social work positions were created, as requested. At the moment, the program is on a maintenance basis.

*Half-Way Houses:*

Half-way houses based on intensive treatment concepts are a poor investment of staff and money in terms of the number of patients served and the alternative uses of such staff and money. However, half-way houses based on room and board concepts with adequate follow-up services add immeasurably to a mental health program.

People who argue against half-way houses usually do so from the point of view that they can degenerate into smaller institutions and create dependency, rather than promoting growth. There is significant evidence that both foster homes and half-way houses can degenerate into the above description; however, it has been equally demonstrated that with adequate follow-up services both can serve the needs for which they were designed. Again, the key is adequate professional staff numbers!

*Employment Programs:*

Admissions to hospital reflect the prevailing economic situation in the community. When unemployment is high, admissions are

also high. To return these patients to the community requires that employment be available.

Many patients do not have sufficient formal education to qualify for employment and as well do not qualify for the existing vocational programs. The Canadian Vocational Training Program has been an asset; however, "Sheltered Work Shops", vocational assessment and training situations are needed!

*Rehabilitation:*

The following features are required in a rehabilitation program for psychiatric patients.

(a) Follow-up psychiatric care, either directly or in consultation. This may include actual treatment, including drugs, psychotherapy, group or individual; or care from psychiatric social workers, medical practitioners or public mental health nurse.

(b) Careful attention to the family situation of the patient - either by working directly with the patient's family, or by the provision of home living for patients without families. The importance of providing a family setting has been emphasized recently as newer treatment methods highlight the fact that long term hospital care may be accompanied by isolation of a patient from his family.

(c) Occupational placement, possibly by a period of training or time spent in a "Sheltered Workshop".

(d) Provision of adequate living arrangements.

(e) Encouragement of significant social roles and social activities.

It is apparent that several urgent questions about rehabilitation immediately arise requiring careful consideration. For instance, at what level and by whom should planning be undertaken? Who is to assume responsibility for its implementation? What are the various roles of the hospital in-patient services; the out-patient services; the community clinics; the social agencies; sheltered workshops; and so on?

## SUB–MINIMAL STAFF

In one Alberta hospital 378 nurses, caring for 1,500 patients can provide only 1.4 hours of care per patient per day. To provide a safe level of care for patients, it was estimated by the nurses working in the area that each patient requires a minimum of 3 hours' care per day.

The following formula was used to determine the number of nurses required to give 3 hours of care per patient per day for 1,500 patients:

$$\frac{\text{Hours of care required per patient per day}}{\text{Hours worked per employee per day}} \times \frac{\text{Number of Patients}}{\text{Days worked per Employee per year}} \times \text{Total days Per Year} = \text{Number of Employees Required}$$

$$\frac{3 \times 1{,}500}{} \times 365 = X$$

$$X = 933$$

933 employees are required if each of 1,500 patients is to receive three hours of care per day. Only 378 employees are now available to give direct nursing care. Therefore, 555 additional nursing employees are needed.

Budget appears to be the main criterion used to determine the number of nursing staff to be employed in mental hospitals. A more valid

criterion would be the patient's level of function.

Dual Nursing Service administration, which traditionally characterizes mental hospitals, also exists in the Alberta Hospitals. Male patients are cared for by male nursing personnel and female patients are cared for by female nursing personnel. The number of male and female nurses employed are approximately equal, but the patient population does not distribute itself equally. This results in unequal care.

## EDUCATION

There is a critical distinction between the registered nurse and the psychiatric nurse. This distinction is most keenly felt in two areas:

1. There are no post graduate educational programs available at the University level for the psychiatric nurse to upgrade her preparation to care for patients in her field of nursing.
2. The only avenue open to the mental health nurse for self-development and entering University is to specialize by enrolling in the registered nursing schools and thus she is unable to carry on development in her mental health field.

The community's reluctance to recognize the educational program of the psychiatric nurse is reflected in the lack of post basic programs at the University level. This prevents the psychiatric nurse from upgrading her education to prepare herself for leadership.

To capitalize on the post basic programs now available, the psychiatric nurse must first qualify herself for registration in general

nursing. There are presently only two hospitals in the province willing to accept psychiatric nurses to prepare them for registration. The length of time the nurse spends in the program depends on the recognition given to the theory she already has. The incentive for enrolling and completing this course is a personal motivation as there are only limited bursaries and grants available. This lack of adequate financial assistance seriously hampers potential candidates.

The lack of active recruitment programs to obtain skilled practitioners in psychiatry, social work, psychology, occupational therapy, and recreational therapy, is reflected in the shortage of these people in the mental health field.

The lack of skilled leaders in the field is creating an educational lag between the role of the psychiatric nurse and her level of preparation.

The psychiatric nurse was for a long time the "keeper of the keys", giving custodial care only. However, with changing trends, it is becoming apparent that if she is to be of more value on the treatment team she must be able to prepare herself to take a more actively responsible position on that team.

Faced with these realities, the number of nurses striving for skill does not equal the number of nurses working in this field. The mentally ill patient would, if he could, be the first one to testify to this fact. With these factors in mind, it is difficult for the nurse to: "Strive for skill in the fulfillment of my duty".

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Title

Mental health in Alberta; a report on the mental health study Briefs

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